

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022509

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 113Primary Registration District No. 5430Registrar's No. 109

FILED JUN 19 1962

## 1. PLACE OF DEATH

a. COUNTY

FRANKLIN

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN UNION

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

FRANKLIN

Inside Limits

Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION AT HOME

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

R.R. # 2

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

ARNOLD

KIRKPATRICK

4. DATE OF DEATH

Month

Day

Year

JUNE

15

1962

5. SEX  
MALE6. COLOR OR RACE  
WHITE7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
NOV. 22, 18949. AGE (last birthday)  
67IF UNDER 1 YEAR  
Months Days Hours Min.

6 23

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY  
CHEMIST11. BIRTHPLACE (City and state or country)  
LESTER PRAIRE, MINN.12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

WILLIAM W. KIRKPATRICK

13b. MOTHER'S MAIDEN NAME

IDA A. HICKMAN

14. NAME OF HUSBAND OR WIFE

FLORENCE A. KIRKPATRICK

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
YES W.W. 1

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

MRS. FLORENCE A. KIRKPATRICK

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

1 hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary arteriosclerosis

6 years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from  
Death occurred at 8:30to 15 June 62 and last saw him alive on 15 June 62  
A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Wm Kirkpatrick, M.D.

22b. ADDRESS

Union, Mo

22c. DATE SIGNED

15 June 62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
BURIAL

23b. DATE

JUNE 17, 1962

23c. NAME OF CEMETERY OR CREMATORY

MIDLAWN GARDENS

23d. LOCATION (City, town, or county)

UNION

MO.

24. FUNERAL DIRECTOR

ADDRESS

OLTMANN FUNERAL HOME

UNION, MO.

25. DATE REC'D. BY LOCAL REG.

6-16-62

26. REGISTRAR'S SIGNATURE

Charles Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

10360

20360

3

4 0

5 1

6

7 1

8 0

9 4201

10

11

12 90-0

13 3-0

JUN 26 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ralph Olthmann

Licensed Embalmer No. 4808

P. O. Address Union, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.